

**HOWISON & ARNOTT, L.L.P.**  
 A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATION

ATTORNEYS AT LAW  
 PATENT AND TRADEMARK MATTERS

Attorneys:  
 JOHN J. ARNOTT, P.C.  
 ARTHUR BRADY  
 DAVID C. CAIN  
 GREGORY M. HOWISON, P.C.

Two LINCOLN CENTRE  
 5420 LBJ Freeway, Suite 660  
 Dallas, Texas 75240-2318  
 Telephone (972) 479-0462  
 Facsimile (972) 479-0464

RECEIVED  
 CENTRAL FAX CENTER

DEC 29 2004

Austin Office:  
 Telephone (512) 328-3994

CONFIRMATION SENT VIA FIRST CLASS MAIL  
 YES  NO

NUMBER OF PAGES TO FOLLOW 11

**FACSIMILE COVER SHEET**

**DATE:** December 29, 2004  
**TO:** Examiner: Michael M. Thompson (3763)  
**COMPANY:** U. S. Patent Office  
**FAX NUMBER:** Centralized Fax: (703) 872-9306  
**FROM:** Howison & Arnott, L.L.P. (David C. Cain)  
**OUR FILE :** FMED-26,553  
**SERIAL NO.:** 10/726,960  
**ATTACHED:** Trans Form (1); Fee Trans (1); RCE (1); Credit Card form (1);  
 Amendment (6).

---

The information contained in or attached to this FAX message is intended only for the confidential use of the individual(s) named above. If you are not the named recipient or an agent responsible for delivering it to the named recipient, you are hereby notified that you have received this document in error and that review, dissemination or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail. Thank you.

---

**COMMENT:**

If there are any problems with this transmission,  
 please contact Yanela Carpenter, Legal Assistant at 972-680-6053

**BEST AVAILABLE COPY**

**RECEIVED**  
**CENTRAL FAX CENTER**

DEC 29 2004

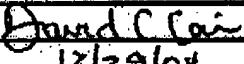
PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no fees are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>	
(To be used for all correspondence after initial filing)	
Total Number of Pages in This Submission	Application Number 10/772,980
Filing Date December 3, 2003	First Named Inventor Beckham
Art Unit 3763	Examiner Name Thompson
Attorney Docket Number FMED-26,553	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Credit Card Form; RCE;
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Howison & Arnott, LLP. David C. Cain Reg. No. 45,337
Signature	
Date	12/29/04

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	David C. Cain	Date
Signature		12/29/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-04/2)

Approved for use through 07/31/2006. OMB#0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

## Complete If Known

Application Number:	10/728,960
Filing Date:	December 3, 2003
First Named Inventor:	Beckham
Examiner Name:	Michael Thompson
Art Unit:	3763
Attorney Docket No.:	FMED-26,553

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number  
Deposit Account Name  
20-0780/FMED-26,553

HOWISON &amp; ARNOTT, L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 360	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from	Fee Paid
		-20** =	X	
		-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	" Reissue independent claims over original patent
1205 18	2205 8	" Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater. For Reissues, see above.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 85	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 430	2252 215	Extension for reply within second month	
1253 980	2253 480	Extension for reply within third month	
1254 1,530	2254 785	Extension for reply within fourth month	
1255 2,080	2255 1,040	Extension for reply within fifth month	
1401 340	2401 170	Notice of Appeal	
1402 340	2402 170	Filing a brief in support of an appeal	
1403 300	2403 150	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,370	2453 665	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or reissue)	
1502 490	2502 245	Design issue fee	
1503 660	2503 330	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
6021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 396	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 398	Request for Continued Examination (RCE)	790.00
1802 900	1802 900	Request for expedited examination of a design application	

Other fees (specify)

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 790.00)

## SUBMITTED BY

Name (Print/Type)	David C. Cain	Registration No. (Attorney/Agent)	45,337	Telephone	972-680-6057
Signature	David C. Cain			Date	12/29/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FMED-26,553

RECEIVED  
CENTRAL FAX CENTER

DEC 29 2004

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jim Beckham  
Serial No.: 10/726,960  
Filed: December 3, 2003  
Group: 3763  
Examiner: Michael Thompson  
For: MEDICAL BALLOON

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

12/29/04

(Date of Deposit)

David C. Cain  
(Name of Person Mailing Document)

*David C. Cain*  
(Signature)

12/29/04

(Date of Signature)

Dear Sir:

AMENDMENT AFTER FINAL REJECTION

In response to the Office Action dated October 5, 2004, please amend the above-referenced patent application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks/Arguments being on page 5 of this paper.

AMENDMENT AND RESPONSE  
S/N 10/726,960  
Atty. Dkt. No. FMED-26,553

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS**
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- FADED TEXT OR DRAWING**
- BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- SKEWED/SLANTED IMAGES**
- COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- GRAY SCALE DOCUMENTS**
- LINES OR MARKS ON ORIGINAL DOCUMENT**
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- OTHER: \_\_\_\_\_**

**IMAGES ARE BEST AVAILABLE COPY.**

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.